

WDFW COVID-19 Vaccination, Verification and Safety Precautions Acknowledgement

(signature page)

This only needs to be signed & submitted once; completions under the previous SOP version qualify.

- I will comply with the required COVID-19 safety precautions appropriate to my work environment.
- I will contact my volunteer supervisor/field coordinator if I have any questions or concerns regarding COVID-19 safety precautions or vaccination verification procedures.
- The decision to verify my vaccination status is a personal choice. If I want to verify my vaccination status, I will contact my volunteer supervisor/field coordinator.
- I will contact my volunteer supervisor/field coordinator or their supervisor or sponsor, if I have concerns about the vaccination status of a Washington State employee, volunteer, intern, or anyone else delivering services in the interest of Washington State Government.
- I will not directly ask, or cause anyone else who is not the supervisor or sponsor to ask, the vaccination status of another Washington State employee, volunteer, intern, or anyone else delivering services in the interest of Washington State Government.
- All employees and volunteers have the right to wear a mask or other protective equipment, regardless of their vaccination status.

Print or type name

signature of volunteer –or- parent/guardian for volunteers under age 18
(typed/electronic ok)

month/day/year

Send completed copies of this signature page to the
volunteer program manager and the Hunter Education Division at:

volunteer@dfw.wa.gov

jan.ulijohn@dfw.wa.gov

(electronic copies preferred)